



GEORGIA MEDICAID FEE-FOR-SERVICE IMBRUVICA PA SUMMARY

MEDICATION: Imbruvica (ibrutinib)

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for members with a diagnosis of mantle cell lymphoma (MCL) or chronic lymphocytic leukemia (CLL) without a deletion in chromosome 17p who have received at least one prior chemotherapeutic regimen.
- ❖ Approvable for members with a diagnosis of CLL and a deletion in chromosome 17p.
- ❖ Approvable for symptomatic members with a diagnosis of Waldenstrom's macroglobulinemia.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.